

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A

For use by Members, officers, and employees

Page 1 of 10

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 PM 3:47

U.S. HOUSE OF REPRESENTATIVES *MC*

**HAND DELIVERED**

(Office Use Only)

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

Name: Daniel J. Benishek

Daytime Telephone: 906-265-0272

Filer Status

☒

Member of the U.S. House of Representatives

State: Michigan District: #1

☐

Officer or Employee

Employing Office:

Report Type

☒

Annual (May 16, 2011)

☐

Amendment

☐

Termination

Termination Date:

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.  
**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**For payments to charity in lieu of honoraria, use Schedule II.**

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name **Daniel J. Benishek**

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BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>						<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
			A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
SP		SP	Mega Corp. Stock				X								X		X		Royalties				X									S (partial)
DC, Examples			Simon & Schuster													X																
JT			1st Bank of Paducah, KY Accounts				X																	X								
JT			Checking Accounts												X																	
			First National Bank & Trust				X																									
			IRA												X								X									
			First National Bank & Trust					X																								
			Ameriprise-Investment Acct												X																	
SP			Judy A. Benishek				X								X		X							X								
			Daniel J. Benishek, MD, PC																							X						
			Profit Sharing Plan							X					X																	
SP			Ameriprise - Accts -																													
			Judy A. Benishek-Profit Sh					X							X		X						X									

For additional assets and unearned income, use next page.

## Continuation Sheet (if needed)

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**This page may be copied if more space is required.**

# SCHEDULE IV—TRANSACTIONS

Name Daniel J. Benishek

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.  Capital Gains — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III			Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date  (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
			PURCHASE	SALE	EXCHANGE			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
SP, DC, JT	Asset																	
SP	Example:	Mega Corporation Common Stock (partial sale)		X			10-12-10		X									
SP	Seligman Premium Tech Growth Fund			X			6-9-10		X									
SP	YUM Brands			X			6-9-10	X										
SP	HSBC Holdings			X			6-9-10	X										
SP	Power Share Water Resources			X			6-9-10	X										
SP	Cubist Pharmaceuticals			X			6-9-10	X										
SP	Nuveen Build America Bond Fund		X				4-30-10		X									
SP	Claymore Multiple Asset Portfolio Plus 2		X				11-12-10		X									
SP	Columbia Mid Cap Value - A			X			4-22-10		X									
SP	Fidelity Advisor Funds - Emerging Markets Inc - A			X		X	4-22-10		X									
SP	Nuveen Build America Bond Fund			X			11-12-10		X									
	Nuveen Build America Bond Fund		X				4-30-10		X									
	Black Rock Build America Fund Trust		X				8-31-10			X								
	Claymore Multiple Asset Portfolio Plus 2		X				11-12-10		X									
	Fidelity Advisor Lever Co. Stock A			X			8-25-10		X									
	Franklin Strategic Income Fund - A			X		X	4-22-10		X									
	Franklin High Income Fund - A			X		X	8-25-10		X									

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# **SCHEDULE V— LIABILITIES**

Name **Daniel J. Benishek**

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Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
	NONE													

# **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE		

Use additional sheets if more space is required.



Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

[illegible]

**SCHEDULE VIII—POSITIONS**

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
General Partner	Medical Park
President	Daniel J. Benishek, MD, PC
Vice President	Wild River Land Management & Marketing, Inc.

**SCHEDULE IX—AGREEMENTS**

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NONE	

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 9  
For use by Members, officers, and employees

**MAY 16 2011**

LEGISLATIVE RESOURCE CENTER

2011 MAY 23 AM 11:40

U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

NC

Justin A. Amash (Full Name)		(202) 225-3831 (Daytime Telephone)	
<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: MI District: 03	<input type="checkbox"/> Officer Or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b>	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b>	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE I - EARNED INCOME

Name Justin A. Amash

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Amash Imports, Inc.; Wyoming, MI	Salary and Bonus	\$200,000
State of Michigan	Salary	\$79,650
State of Michigan	Expense Allowance	\$12,000

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Justin A. Amash

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<p><b>BLOCK A</b></p> <p><b>Asset and/or Income Source</b></p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p><b>BLOCK B</b></p> <p><b>Year-End Value of Asset</b></p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p><b>BLOCK C</b></p> <p><b>Type of Income</b></p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p><b>BLOCK D</b></p> <p><b>Amount of Income</b></p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p><b>BLOCK E</b></p> <p><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
Amash Imports, Inc. (Hand Tool Distributor); Wyoming, MI	\$250,001 - \$500,000	None	NONE	Gift from father
Charles Schwab Investment Account - ISHARES MSCI ACWI EX US	None	CAPITAL GAINS	\$5,001 - \$15,000	S
Charles Schwab Investment Account - ISHARES MSCI EMRG MKT FD	None	CAPITAL GAINS	\$2,501 - \$5,000	S
DC1 Charles Schwab Investment Account - ISHARES MSCI EMRG MKT FD	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
DC2 Charles Schwab Investment Account - ISHARES MSCI EMRG MKT FD	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Justin A. Amash

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	Charles Schwab Investment Account - ISHARES TR COMEX GOLD	None	CAPITAL GAINS	\$5,001 - \$15,000	S
DC1	Charles Schwab Investment Account - ISHARES TR MSCI EAFE FD	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
	Charles Schwab Investment Account - ISHARES TR S&P MIDCAP	None	CAPITAL GAINS	\$15,001 - \$50,000	S
	Charles Schwab Investment Account - ISHARES TR S&P SMALLCAP	None	CAPITAL GAINS	\$5,001 - \$15,000	S
	Charles Schwab Investment Account - ISHARES TRUST S&P 500	None	CAPITAL GAINS	\$5,001 - \$15,000	S
DC1	Charles Schwab Investment Account - POWERSHS QQQ TRUST SER 1	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
DC2	Charles Schwab Investment Account - POWERSHS QQQ TRUST SER 1	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
DC2	Charles Schwab Investment Account - SPDR S&P 500 ETF TR	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
DC1	Charles Schwab Investment Account - SPDR S&P 500 ETF TR	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	P
DC1	Charles Schwab Investment Account - SPDR S&P MIDCAP 400 ETF	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
DC2	Charles Schwab Investment Account - SPDR S&P MIDCAP 400 ETF	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Justin A. Amash

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	Fidelity Investments 401(k) Plan - SPARTAN 500 INDEX	\$15,001 - \$50,000	None	NONE	P
	Fidelity Investments 401(k) Plan - SPARTAN INTL INDEX	\$1,001 - \$15,000	None	NONE	P
	Fidelity Investments 401(k) Plan - SPTN EXTND MKT INDEX	\$1,001 - \$15,000	None	NONE	P
JT	Fifth Third Bank Checking Account	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	Grand Rapids Capital, LLC (Holding Company); Grand Rapids, MI	None	CAPITAL GAINS	\$100,001 - \$1,000,000	S
	Standard Bear, LLC (Holding Company); Grand Rapids, MI - Commercial Real Estate; Wyoming, MI	\$100,001 - \$250,000	RENT	\$15,001 - \$50,000	P
	Standard Bear, LLC (Holding Company); Grand Rapids, MI - Tomboy Tools (Direct Seller); Denver, CO	\$15,001 - \$50,000	None	NONE	P
	State of Michigan/ING 401(k) Plan - SSgA TARGET RETIREMENT 2050	\$15,001 - \$50,000	None	NONE	P
	State of Michigan/ING 457 Plan - SSgA TARGET RETIREMENT 2050	\$15,001 - \$50,000	None	NONE	P

# SCHEDULE IV - TRANSACTIONS

Name Justin A. Amash

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Charles Schwab Investment Account - ISHARES MSCI ACWI EX US	S	Yes	05-27-10	\$15,001 - \$50,000
	Charles Schwab Investment Account - ISHARES MSCI EMRG MKT FD	S	Yes	05-27-10	\$15,001 - \$50,000
	Charles Schwab Investment Account - ISHARES TR COMEX GOLD	S	Yes	05-27-10	\$15,001 - \$50,000
	Charles Schwab Investment Account - ISHARES TR S&P MIDCAP	S	Yes	05-27-10	\$50,001 - \$100,000
	Charles Schwab Investment Account - ISHARES TR S&P SMALLCAP	S	Yes	05-27-10	\$50,001 - \$100,000
	Charles Schwab Investment Account - ISHARES TRUST S&P 500	S	Yes	05-27-10	\$50,001 - \$100,000
DC1	Charles Schwab Investment Account - SPDR S&P 500 ETF TR	P	N/A	Quarterly	\$1,001 - \$15,000
	Fidelity Investments 401(k) Plan - SPARTAN 500 INDEX	P	N/A	Monthly	\$1,001 - \$15,000
	Fidelity Investments 401(k) Plan - SPTN EXTND MKT INDEX	P	N/A	Monthly	\$1,001 - \$15,000
	Grand Rapids Capital, LLC (Holding Company); Grand Rapids, MI	S	Yes	12-31-10	\$100,001 - \$250,000
	Standard Bear, LLC (Holding Company); Grand Rapids, MI - Commercial Real Estate; Wyoming, MI	P	N/A	12-31-10	\$100,001 - \$250,000



# SCHEDULE IV - TRANSACTIONS

Name Justin A. Amash

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Standard Bear, LLC (Holding Company); Grand Rapids, MI - Tomboy Tools (Direct Seller); Denver, CO	P	N/A	12-31-10	\$15,001 - \$50,000
	State of Michigan/ING 401(k) Plan - SSgA TARGET RETIREMENT 2050	P	N/A	Bi-weekly	\$15,001 - \$50,000
	State of Michigan/ING 457 Plan - SSgA TARGET RETIREMENT 2050	P	N/A	Bi-weekly	\$1,001 - \$15,000

**SCHEDULE V - LIABILITIES**

Name Justin A. Amash

Page 8 of 9

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Charles Schwab & Co., Inc.	May 2010	Margin Account	\$250,001 - \$500,000
	Chemical Bank	October 2010	Promissory Note	\$15,001 - \$50,000
	Fidelity Investments	July 2010	Loan	\$15,001 - \$50,000

**SCHEDULE VIII - POSITIONS**

Name Justin A. Amash

Page 9 of 9

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Legislator (Representative)	State of Michigan
Owner of Minority Interest	Amash Imports, Inc.
Employee	Amash Imports, Inc.
Member	Standard Bear, LLC
Member	Grand Rapids Capital, LLC

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A  
For use by Members, officers, and employees

Page 1 of 5

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 2:06

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

MC

Name: Dale Edward Kildee

Daytime Telephone: 202-225-3611

**HAND DELIVERED**  
(Office Use Only)

Filer Status



Member of the U.S.  
House of Representatives

State: \_\_\_\_\_

District: \_\_\_\_\_



Officer or  
Employee

Employing Office: \_\_\_\_\_

Report Type



Annual (May 16, 2011)



Amendment



Termination

Termination Date: \_\_\_\_\_

**A \$200 penalty shall be assessed  
against anyone who files more than  
30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  
If yes, complete and attach Schedule I.

Yes ☒

No ☐

VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  
If yes, complete and attach Schedule VI.

Yes ☐

No ☒

II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  
If yes, complete and attach Schedule II.

Yes ☐

No ☒

VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  
If yes, complete and attach Schedule VII.

Yes ☐

No ☒

III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  
If yes, complete and attach Schedule III.

Yes ☒

No ☐

VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  
If yes, complete and attach Schedule VIII.

Yes ☐

No ☒

IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  
If yes, complete and attach Schedule IV.

Yes ☐

No ☒

IX. Did you have any reportable agreement or arrangement with an outside entity?  
If yes, complete and attach Schedule IX.

Yes ☒

No ☐

V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  
If yes, complete and attach Schedule V.

Yes ☐

No ☒

**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

**TRUSTS**—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

Yes ☐

No ☒

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes ☐

No ☒

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

[illegible]

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name

Dale Edward Kildee

Page 3 of 5

## BLOCK A

### Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

**Exclude:** Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

SP, DC, JT	Examples:	SP Mega Corp. Stock
		Simon & Schuster
		1st Bank of Paducah, KY Accounts

## BLOCK B

### Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”

A	B	C	D	E	F	G	H	I	J	K	L
None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000

## BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check “None” if the asset generated no income during the reporting period.

DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
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## BLOCK D

### Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check “None” if no income was earned or generated.

I	II	III	IV	V	VI	VII	VIII	IX	X	XI
None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000

## BLOCK E

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.
P, S, E

JT	Wachovia Bank
JT	Congressional Federal C.U.
SP	Wachovia Bank SEP CD
SP	Wachovia Bank IRA CD

				X							
		X									
		X									
	X										

		X									
		X									
		X									
		X									

			X								
	X										
	X										
	X (reinvested)										
	X (reinvested)										


## Continuation Sheet (if needed)

Page 4 of 5

**This page may be copied if more space is required.**

## SCHEDULE VIII—POSITIONS

Name Dale Edward KildeePage 5 of 5

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1-1-77	State of Michigan and self	life insurance and health insurance and pension



**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

Page 1 of 16

LEGISLATIVE RESOURCE CENTER

2011 MAY 12 PM 4:22

U.S. HOUSE OF REPRESENTATIVES

**HAND DELIVERED**

(Office Use Only)

Name: Fred Upton

Daytime Telephone: 202 225-3761

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>Michigan</u> District: <u>6</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
	Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	Termination Date: _____

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name

Upton

Page 2 of 16

## BLOCK A

### Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

**Exclude:** Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

## BLOCK B

### Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

A	B	C	D	E	F	G	H	I	J	K	L
None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000

## BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if the asset generated no income during the reporting period.

DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)
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## BLOCK D

### Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. **Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.** Check "None" if no income was earned or generated.

I	II	III	IV	V	VI	VII	VIII	IX	X	XI
None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000

## BLOCK E

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

If only a portion of an asset is sold, please indicate as follows:  
(S) (partial)  
See below for example.

P,  
S,  
E

SP	DC	JT	Examples:	Value of Asset	Type of Income	Amount of Income	Transaction
			SP Mega Corp. Stock				
			Simon & Schuster	Indefinite			S (partial)
			JT 1st Bank of Paducah, KY Accounts				
SP			Putnam Global Equity Fund-A				
JT			Whirlpool				
JT			5th 3rd Bank Accts				
JT			W. Patman Credit Union Accts				
JT			Edgewater Bank CD's				P
JT			JP Morgan Checking Accts				

For additional assets and unearned income, use next page.

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

*Upton*

Page

*3 of 16*

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	P, S, E	
SP	Nationwide Life Insurance Policy			X										X							X												
	Mass. Mutual Term Life Ins Policy				X								X								X												
	Mass. Mutual Permanent Life Ins Policy					X								X										X									
	Hartford Life Ins. Policy						X							X		X			7/09 - 6/2010							X							
	N.Y. Life Insurance Policy				X									X								X											
JT	Federated Govt (Hillman & Lyon's Bank)					X										X					X												
	Chemical Financial						X							X												X							
JT	Chesapeake Energy					X								X									X										
JT	PepsiCo							X						X												X							
	Yum Brands						X							X											X								
	Cumbrland, IN BA Band				X												X						X										
JT	Hartford Mutual Fds							X								X										X							
	MFS SER TR V				X									X									X										
	Seligman Tax Exempt Fund				X									X		X							X										
S	AT&T				X									X									X										
S	Altria Group			X										X									X										
S	BP			X																	X												
S	Bristol Myers Squibb			X										X								X											
S	Comcast CL A			X										X								X											
S	Directv CL A			X																	X												
S	Dow Chemical			X										X								X											

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name

*Upton*

Page *4* of *16*

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000		Over \$5,000,000	
S	Exxon-Mobil					X									X								X										
S	Fortune Brands			X											X							X											
S	GE				X										X							X											
S	IBM			X											X							X											
S	Med Johnson Nutrition			X											X							X											
S	Monsanto			X											X							X											
S	News Corps Cl. A			X											X							X											
S	Pfizer				X										X								X										
S	Philip Morris			X											X								X										
S	Ralcorp Holdings			X											X							X											
S	Raytheon			X											X							X											
S	Verizon			X											X								X										
S	Vanguard Int. Term Bd Index				X										X								X										
JT	Stuyk					X									X								X										
	J.P. Morgan Chase Stock			X											X							X											
	Chester N. Antism Drilling			X											X							X											

## Continuation Sheet (if needed)

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Page 5 of 12[illegible]

**This page may be copied if more space is required.**

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name

*Lupton*

Page *6* of *16*

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000		Over \$5,000,000	
	<i>Bank of America Corp</i>			X																													
	<i>Baker Hughes</i>			X																													
	<i>Baidu Inc Spons ADR</i>			X																													
	<i>Bristol Myers Squibb</i>				X																												
DC	<i>Chesapeake Energy</i>						X																										
	<i>Citigroup Inc</i>			X																													
	<i>Cardinal Health</i>			X																													
	<i>Carnival Corp.</i>			X																													
	<i>Celgene Corp</i>			X																													
	<i>Colgate Palmolive</i>			X																													
	<i>CME Group Inc. Class A</i>			X																													
	<i>Coral Inc</i>			X																													
	<i>Conoco Phillips</i>			X																													
	<i>Corvidia PLC</i>			X																													
	<i>Cisco Systems</i>				X																												
	<i>Cognizant Technology Sol</i>			X																													
	<i>CLS Commerce Corp</i>			X																													
	<i>Century Tel</i>			X																													
	<i>Chercon</i>			X																													
	<i>Coca Cola</i>				X																												
	<i>Comcast Class A</i>			X																													

# SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

Upton

Page 7 of 16

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000		Over \$5,000,000	
	Chem. Financial			X																													
	Commerce Bancshares			X																													
	Concho Res Inc			X																													
	E. I. Du Pont Nemours			X																													
JT	Disney					X																											
	Dow Chemical			X																													
	Devon Energy			X																													
	Emergency Med Svcs. Corp			X																													
	EMS Corp Mass			X																													
	EOG Resources			X																													
	Exxon					X																											
	Freight-McMorn <sup>Copper</sup> & Gold			X																													
	Fedex Corp			X																													
	Fidelity Adv Small Cap Pl			X																													
	Fidelity Investments					X																											
	G.E					X																											
	Gen tex			X																													
	Gilbert Sciences, Inc			X																													
	Goldman Sachs Group			X																													
	General Mills			X																													
	General Motors			X																													

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name

*Lipton*

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000		Over \$5,000,000	
	<i>Google</i>			X																													
	<i>Hewlett Packard</i>				X																												
	<i>Hudson City Bancorp</i>			X																													
	<i>Honeywell Int.</i>			X																													
JT	<i>IBM</i>					X																											
	<i>Ishares TR MSCI Emerg Mkts</i>			X																													
	<i>Ishares MSCI EAFE Index Fd</i>			X																													
	<i>Intel</i>			X																													
	<i>Ishares Russell Midcap Divdnd Fd</i>			X																													
	<i>JP Morgan Chase &amp; Co</i>			X																													
	<i>Joy Global</i>			X																													
	<i>Johnson Controls</i>			X																													
	<i>Juniper Networks</i>			X																													
	<i>JP Morgan Cash &amp; Short-Term</i>				X																												
	<i>JP Morgan Acct</i>					X																											
	<i>5th 3rd Bancorp</i>				X																												
	<i>Kraft Foods Class A</i>			X																													
	<i>Kohls</i>			X																													
	<i>Lowes</i>			X																													
	<i>Mastercard Inc., Class A</i>			X																													
	<i>MetLife Inc</i>			X																													



# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name

*Upton*

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BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset												BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction	
		A	B	C	D	E	F	G	H	I	J	K	L							I	II	III	IV	V	VI	VII	VIII	IX	X	XI	P, S, E		
SP, DC, JT		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000		
	<i>Paccar Inc</i>			X																													
	<i>Pepsi</i>					X																											
	<i>Pfizer</i>				X																												
	<i>Procter &amp; Gamble</i>			X																													
	<i>Prudential Financial</i>			X																													
	<i>Qualcomm</i>			X																													
	<i>Rogers Communications</i>			X																													
DC	<i>Stryker</i>					X																											
	<i>Sprint</i>			X																													
	<i>Starbucks</i>			X																													
	<i>Southern Co.</i>			X																													
	<i>Stamps</i>			X																													
	<i>Stark St. Corp</i>			X																													
	<i>Sysco</i>			X																													
	<i>Tupperware Brands</i>			X																													
	<i>Time Warner</i>			X																													
	<i>Tyco International</i>			X																													
	<i>U.S. Bancorp Del.</i>			X																													
	<i>VeriTel Technologies</i>			X																													
	<i>Verizon</i>			X																													
	<i>Vodafone</i>			X																													

## Continuation Sheet (if needed)

Upton

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Trusts

## Continuation Sheet (if needed)

Upton

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Trust

## Continuation Sheet (if needed)

Name

up to n

Page 12 of 12

Trusts

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## Continuation Sheet (if needed)

Upton

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Trust

# SCHEDULE IV— TRANSACTIONS

Name

Upton

Page

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. **If only a portion of an asset is sold, please so indicate (i.e., "partial sale").** See example below.

**Capital Gains** — If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

## Type of Transaction

PURCHASE

SALE

EXCHANGE

Check Box if Capital Gain Exceeded \$200

## Date

(MO/DAY/YR)  
or  
Quarterly,  
Monthly, or  
Bi-weekly, if  
applicable

## Amount of Transaction

A  
\$1,001-  
\$15,000

B  
\$15,001-  
\$50,000

C  
\$50,001-  
\$100,000

D  
\$100,001-  
\$250,000

E  
\$250,001-  
\$500,000

F  
\$500,001-  
\$1,000,000

G  
\$1,000,001-  
\$5,000,000

H  
\$5,000,001-  
\$25,000,000

I  
\$25,000,001-  
\$50,000,000

J  
Over  
\$50,000,000

SP, DC, JT

## Asset

SP

Example:

Mega Corporation Common Stock (partial sale)

X

10-12-10

X

Edgewater Bank CD

X

6-18-10

X

SP Edgewater Bank CD

X

6-18-10

X

# **SCHEDULE V— LIABILITIES**

Name

*Upton*

Page *15* of *16*

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor		Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability									
					A	B	C	D	E	F	G	H	I	J
					\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000
	Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X						
JT	J.P. Morgan		Oct, 2010	Home Equity Line & credit		X								

# **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
<i>Example:</i> Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345

*None*

Use additional sheets if more space is required.

## SCHEDULE VIII—POSITIONS

Name

*Upton*

Page *16* of *16*

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
<i>Limited Partner</i>	<i>SEU (Upton) Limited Partnership Upton Asset Mgt Corp is Gen Partner of SEU Limited Partnership</i>
<i>Advisory Bd. Member</i>	<i>Aspen Institute</i>

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	<i>None</i>	



**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

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**MAY 14 2011**

2011 MAY 20 PM 3:50

Name: **TIMOTHY L. WALBERG**

Daytime Telephone: **202-225-6276**

U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

*MC*

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <b>MI</b> District: <b>07</b>	<input type="checkbox"/> Officer or Employee	Employing Office:
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**For payments to charity in lieu of honoraria, use Schedule II.**

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Name **TIMOTHY L. WALBERG**

Page **3** of **19**

BLOCK A Asset and/or Income Source			BLOCK B Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in “unearned” income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p><b>Exclude:</b> Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.</p>			<p>Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting year and is included only because it generated income, the value should be “None.”</p>												<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if the asset generated no income during the reporting period.</p>						<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as income.</b> Check “None” if no income was earned or generated.</p>											<p>Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p> <p>If only a portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.</p>
			A	B	C	D	E	F	G	H	I	J	K	L	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI
SP		SP	Mega Corp. Stock		X										X		X		Royalties													S (partial)
DC, Examples:			Simon & Schuster																													
JT			1st Bank of Paducah, KY Accounts												X																	
			Washington Mutual Invest. Fund	X										X						X												S
			AMCAP Fund	X										X						X												S
			Amer. Mutual Fund	X										X						X												S
			The Growth Fund of America	X										X						X												S
			Amer. Balanced Fund	X										X						X												S
			Smallcap World Fund	X										X						X												S

For additional assets and unearned income, use next page.

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name **TIMOTHY L. WALBERG**

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SP, DC, JT	BLOCK A	BLOCK B												BLOCK C							BLOCK D											BLOCK E
	Asset and/or Income Source	Year-End Value of Asset												Type of Income							Amount of Income											Transaction
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	
	Amer. Funds Money Mkt Fund	X												X							X											S
	MFS High Incm			X																			X									
	Htfd money mkt HLS				X																X											P
	Templeton Dev Mkt Sec			X																			X									
	Amer Grwth			X																			X									
	Amer Grwth & Incm			X																			X									
	MFS Grwth Series			X																			X									
	MFS Midcap Grwth			X																			X									
	MFS TH Return			X																			X									
	Mutual Shares Sec			X																			X									
	First Trust Amex Biotechnology			X											X			X					X									P
	Market Vectors Gold Miners			X											X			X					X									P
	Sprott Physical Goldtr Units			X											X			X				X										P
	iShares Silver Trust Index Fund			X											X			X				X										P, S (partial)
	Powershares DB Multi Sector			X											X			X				X										P
	TD Bank USA NA		X												X								X									P
	Freeport McMoran Copper-Gold	X													X			X				X										P, S

## Continuation Sheet (if needed)

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## SCHEDULE IV— TRANSACTIONS

Name **TIMOTHY L. WALBERG**

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Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

**Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date  (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction									
PURCHASE	SALE	EXCHANGE			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
SP, DC, JT			Asset											
SP	Example:	Mega Corporation Common Stock (partial sale)		X			10-12-10		X					
	Washington Mutual Investors Fund			X			1-13-10	X						
	AMCAP Fund			X	X		1-13-10	X						
	Amer. Mutual Fund			X			1-13-10	X						
	The Growth Fund of America			X	X		1-13-10	X						
	Amer. Balanced Fund			X			1-13-10	X						
	Smallcap World Fund			X	X		1-13-10	X						
	Amer. Funds Money Mkt. Fund	X	X				1-13-10		X					
	Hartford Money Mkt. HLS	X					Jan 10		X					
	Freiport McMoran Copper + Gold	X	X				4-1-10 5-3-10	X						
	Market Vector Gold Miners	X					May, Aug Oct	X						
	First Trust Amex Biotechnology	X					Oct	X						
	iShares Silver Trust (partial)	X	X				Mar, Sept	X						
	Powershares DB Multi Sector	X					Oct	X						
	ProShares Ultrashort Gold	X	X				July Aug	X						
	Pro Shares Ultrashort Semiconductor	X	X				Jan Sept	X						
	Sprott Physical Goldtr Units	X					Oct	X						

# SCHEDULE IV— TRANSACTIONS

Name **TIMOTHY L. WALBERG**

Page **7** of **8** **9**

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

**Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

SP, DC, JT		Asset	Type of Transaction			Check Box if Capital Gain Exceeded \$200	Date (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction									
			PURCHASE	SALE	EXCHANGE			A \$1,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000
SP	Example:	Mega Corporation Common Stock (partial sale)		X			10-12-10		X								
		Aberdeen Asia Bond Institutional	X				2-3-10	X									
		Blackrock Low Duration Bond	X				4-9-10	X									
		Driehaus Active Income fund	X				2-3-10	X									
		" " " "(partial)		X			4-16-10	X									
		Federated Ultrashort Bond	X				2-3-10	X									
		PIMCO Low Duration Admin.	X				2-3-10	X									
		T.Rowe Price Short term Bond	X				2-3-10	X									
		PIMCO Short term Admin.	X				2-3-10	X									
		" " " " (partial)		X			4-15-10	X									
		TD BANK USA NA	X				3-31-10	X									
		SPDR Gold TR Gold		X			10-5-10	X									
		Itron Inc Com		X			7-22-10	X									
		Proshares Short S+P 500		X			9-22-10	X									

**SCHEDULE VIII—POSITIONS**

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization

**SCHEDULE IX—AGREEMENTS**

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
4.12.2005	STATE OF MICHIGAN	PENSION FOR SERVICE - ST. HOUSE



## NOTES:

PG 4 LINE 1 Cash Mgmt Trust ended in 2009 + was transferred to  
American Funds Money Mkt. Fund

FROM DISCLOSURE 5/24/10 P. 4 10th line Insr'd Dep Acct  
Did not include on current statement - Value less than \$1000

P. 5 TLC Community Credit Union } don't recall reporting these previously.  
TIAA-CREF

Savoy Energy L.P. - One time lease of land for oil exploration.

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 3:01

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

MC

<b>UNITED STATES HOUSE OF REPRESENTATIVES</b>		<b>Form A</b>	
<b>CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT</b>		For use by Members, officers, and employees	
Name: <u>Mike Rogers</u>		Daytime Telephone: <u>202 225 4872</u>	
Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MI</u> District: <u>8</u>	<input type="checkbox"/> Officer or Employee
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input type="checkbox"/> Amendment	Employing Office: _____ Termination Date: _____

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

### PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

### EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I—EARNED INCOME**

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

**For payments to charity in lieu of honoraria, use Schedule II.**

**SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

**This page may be copied if more space is required.**

### SCHEDULE III—ASSETS AND “UNEARNED” INCOME

[illegible]

**For additional assets and unearned income, use next page.**

# SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income						BLOCK D Amount of Income											BLOCK E Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L								I	II	III	IV	V	VI	VII	VIII	IX	X	XI		
		None	\$1 – \$1,000	\$1,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$250,000	\$250,001 – \$500,000	\$500,001 – \$1,000,000	\$1,000,001 – \$5,000,000	\$5,000,001 – \$25,000,000	\$25,000,001 – \$50,000,000	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None	\$1 – \$200	\$201 – \$1,000	\$1,001 – \$2,500	\$2,501 – \$5,000	\$5,001 – \$15,000	\$15,001 – \$50,000	\$50,001 – \$100,000	\$100,001 – \$1,000,000	\$1,000,001 – \$5,000,000	Over \$5,000,000	P, S, E	
	(MUTUAL)																																
SP	American Century/Diandra & Vista Stock Fund			X											X						X												
SP	American Century Mutual Fund					X									X									X									
SP	Fidelity Contra Fund (IRA)			X											X								X										
SP	Wells Fargo Mutual Fund			X											X							X											
SP	USAA Bank Acct			X										X							X												
SP	USAA Savings Acct				X												X						X										

## SCHEDULE IV— TRANSACTIONS

**Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.**

**Capital Gains** — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.

[illegible]

# **SCHEDULE V— LIABILITIES**

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	
	NA						X							

# **SCHEDULE VI— GIFTS**

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NA		

Use additional sheets if more space is required.



## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

[illegible]

## SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

**Exclude:** Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
	NA

## SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
	NA	

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 19  
 For use by Members, officers, and employees

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 1:05

MC

Gary C. Peters  
 (Full Name)

(202) 225-5802  
 (Daytime Telephone)

**HAND DELIVERED**  
 (Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MI</u> District: <u>9</u>	<input type="checkbox"/> Officer Or Employee	Employing Office:	<b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b>
	<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b>	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b>	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
Community Foundation of Southeast Michigan	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Gary C. Peters

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<p><b>BLOCK A</b></p> <p><b>Asset and/or Income Source</b></p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p><b>BLOCK B</b></p> <p><b>Year-End Value of Asset</b></p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p><b>BLOCK C</b></p> <p><b>Type of Income</b></p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p><b>BLOCK D</b></p> <p><b>Amount of Income</b></p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p><b>BLOCK E</b></p> <p><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
3M Co	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
Abbot Labs	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
Air Prod & Chemical	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
Allegan Pub Schls MI Go 5/1/15	None	INTEREST	\$1 - \$200	S
Allstate Corp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
AT&T	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	Bank of America Corp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Bank of New York	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Barry Cnty Mi Ult Tax 4/1/23	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	BB&T Corp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Brandon MI Sch Dist Ult 5/1/25	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Bristol Myers Squibb Co	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Byron Cntr Mi Pub Schs 05/01/30	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	Carnival Corp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Central Mich University 403B: Fidelity Freedom 2030	\$1,001 - \$15,000	DIVIDENDS	\$2,501 - \$5,000	
	Chippewa Valley MI SBLF 5/1/19	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Chippewa Valley Mi Sch 5/1/24	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Citigroup Inc	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	Clinton Charter Twp Mich 4/1/24	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	CMS Energy Corp	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	Coca Cola Co	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
	Colgate Palmolive Co	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Community Foundation SE MI 403B Plan: American Funds EuroPacific Growth	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Community Foundation SE MI 403B Plan: Dreyfus Mid Cap Index	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Community Foundation SE MI 403B Plan: Fidelity Advisor Free 2020	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Community Foundation SE MI 403B Plan: Fidelity Advisor Free 2030	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Community Foundation SE MI 403B Plan: Goldman Sachs FS Govt	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	Community Foundation SE MI 403B Plan: Vanguard 500 Index	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Community Foundation SE MI MPP: Fidelity Advisor Free 2030	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Community Foundation SE MI MPP: Goldman Sachs FS Govt FST	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Conagra Food Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	Congressional Federal Credit Union CD 58882	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Congressional Federal Credit Union CD 59109	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Congressional Federal Credit Union CD 59110	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Congressional Federal Credit Union CD 60147	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	Congressional Federal Credit Union Savings	\$1 - \$1,000	INTEREST	\$1 - \$200	
	Dearborn Mich Ser B FGIC 4/1/19	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Detroit MI Dwntrn Dev Rev 7/1/18	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Detroit MI Sew Disp Syst 7/1/24	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Detroit Mich CSD Ser B 5/1/15	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Detroit Mich Wtr Supply 7/1/29	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	Dow Chemical	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Duke Realty Corp New REITs	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
	DuPont de Nemours	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Durand Mich Area Schs 5/1/21	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	East Jackson Mich Cmnty 5/1/18	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Eastgroup Properties Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Eaton Vance Tax Advan	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Ecolab Inc	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	El Paso Corp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Genesee Cnty MI SWG Sys 5/1/27	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Genl Electric Co	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Grand Travers Co Mich 5/1/23	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	Harper Crk MI Com Schl Ln 5/1/21	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Healthcare Realty Tr Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Ishares MSCI EAFE Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	JP Morgan Chase & Co	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Kalamazoo MI Pub Schs 5/1/26	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Kimberly Clark Corp	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	Kraft Foods	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
	Leggett & Platt Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Livonia Mich Mun Bldg 5/1/21	None	INTEREST	\$1 - \$200	S
	Lowell Mich Area Schs 5/1/25	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Lowes Companies Inc	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Mattel Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	McDonalds Corp	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Medtronic Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Merck & Co Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Metlife	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Metlife Annuity	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	MI Mun Bd Au Clean Water 10/1/23	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Michigan Fin Auth 12/01/25	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	Michigan Mun Bd Auth Rev 11/1/32	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	Michigan St Hosp Fin Aut 11/15/25	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	Michigan St Hosp Fin Auth 11/15/32	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Michigan St Hsg Dev Auth 4/1/24	None	INTEREST	\$1 - \$200	S
	Michigan St Univ 08/15/27	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	Microsoft Corp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Monroe Cnty Mich Bldg 4/1/24	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Nisource Inc	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	North Gratiot Interceptr 5/1/24	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Northwestern Mutual Life Insurance	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Pall Corp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Parchment MI Sch Dist 07 5/1/25	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	Pepco	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Pepsico Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Pfizer Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	Plymouth Canton MI CSD 5/1/17	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Portage Mich Transn Fd 12/1/20	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	PPG Industries Inc	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Proctor & Gamble	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Rochester Mich Cmnty Sch 5/1/19	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Sherwin Williams Co	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Smucker J M Co	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	State of MI 401k: American Fund Europacific Growth	\$15,001 - \$50,000	DIVIDENDS	\$2,501 - \$5,000	
	State of MI 401k: Dodge & Cox	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	
	State of MI 401k: SSgA Target Retirement 2025	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	State of MI 401k: Stable Value	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	State of MI 401k: T Rowe Price Midcap Value	\$15,001 - \$50,000	DIVIDENDS	\$5,001 - \$15,000	
	State of MI 457: American Fund Europacific Growth	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	State of MI 457: Rainier Large Cap Growth	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	State of MI 457: RidgeWorth Funds	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	
	State of MI 457: SsgA S&P 500 Index	\$1,001 - \$15,000	DIVIDENDS	\$5,001 - \$15,000	
	State of MI 457: SSgA S&P MidCap Index	\$1,001 - \$15,000	DIVIDENDS	\$5,001 - \$15,000	
	State of MI 457: Stable Value	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	U.S. Government Thrift Savings Plan G Fund	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
	U.S. Government Thrift Savings Plan C Fund	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	P
SP	UBS 401k Plus Plan: UBS Balanced Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	UBS 401k Plus Plan: UBS Mid Cap Growth	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	UBS 401k Plus Plan: UBS PACE International	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	UBS 401k Plus Plan: UBS Stable Value Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
JT	UBS AG NEW 2006 ORD CHF	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	UBS IRA: American Funds Investment Company of America	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	UBS IRA: Invesco Constellation	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	UBS SEP: Alabama Power Co 2/15/19	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	UBS SEP: Amer Intl Group 1/16/18	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	UBS SEP: Anheuser Busch Cos 3/1/19	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	UBS SEP: Bank of Amer Internotes 9/15/17	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Bank of Amer Internotes 11/15/17	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Bank of Amer Internotes 11/15/19	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: Bank of Amer InterNotes 9/15/19	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Barclays Bk Plc NY Brnch 07/27/22	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: BB&T Corp 11/1/19	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
	UBS SEP: Bony CoreNotes 12/16/19	None	INTEREST	NONE	S
	UBS SEP: Calamos Strategic Total Return	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	UBS SEP: Carolina First Bk Sc US 11/26/13	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Cit Group Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	UBS SEP: Cit Group Inc 5/1/13	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	UBS SEP: Cit Group Inc 5/1/14	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	UBS SEP: Cit Group Inc 5/1/16	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	UBS SEP: Cit Group Inc 5/1/17	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	UBS SEP: Citi Group Inc 5/1/15	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	UBS SEP: DWS Rreef Real Estate	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
	UBS SEP: FFCB Bond 07/08/16	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: FFCB Bond 12/28/15	None	INTEREST	NONE	S
	UBS SEP: FHLB Bond 12/30/16	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	UBS SEP: FHLB Bond 2.35% 07/21/15	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: GE Capital Internotes 2/15/17	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: GE Capital Internotes 3/15/16	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: GE Capital Internotes 7/15/19	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	UBS SEP: GE Capital Internotes 8/15/19	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	UBS SEP: GMAC SmartNotes 3/15/16	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Goldman Sachs Group Inc Notes 10/1/14	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Heinz Co 3/15/12	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Home Depot 3/1/16	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	UBS SEP: ING Clarion Global Real Estate	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	UBS SEP: ING Prime Rate Trust	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	UBS SEP: John Hancock Signatures 11/15/18	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Medical Properties Trust Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	UBS SEP: Merrill Lynch NTS 5/5/14	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Morgan Stanley NTS 11/09/18	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: Morgan Stanley Step-Up 4%	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: New York Times Co 3/15/15	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	UBS SEP: Prudential Fincl Inc 10/15/18	\$1,001 - \$15,000	INTEREST	\$1 - \$200	



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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	UBS SEP: Royal Bank of Scotland 11/15/17	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: SPDR S&5 500 ETF	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	UBS SEP: SPDR S&P Midcap 400 ETF	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	UBS SEP: UBS AG Jersey 08/04/15	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	UBS SEP: Verizon PA Global NTS 11/15/11	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
DC	UBS UGTMA 1: American Funds Investment Co of America	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	UBS UGTMA 1: Bear Stearns Companies 01/10/14	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	UBS UGTMA 1: Invesco Constellation	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	UBS UGTMA 1: Pace Large Co Growth Equity	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	UBS UGTMA 2: American Funds Investment Company of America	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
DC	UBS UGTMA 2: Bear Stearns Companies 01/10/14	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
DC	UBS UGTMA 2: Invesco Constellation	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Gary C. Peters

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DC	UBS UGTMA 2: Pace Large Co Growth Equity	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Verizon Communications Inc	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Wal Mart Stores	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	Warren Woods MI PS Go Ut 5/1/22	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	

# SCHEDULE IV - TRANSACTIONS

Name Gary C. Peters

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Allegan Pub Schls MI Go	S	No	05-01-10	\$1,001 - \$15,000
	Byron Cntr Mi Pub Schls 05/01/30	P	N/A	11-12-10	\$1,001 - \$15,000
	Coca Cola Co	P	N/A	04-21-10	\$1,001 - \$15,000
	Conagra Food Inc	P	N/A	09-03-10	\$1,001 - \$15,000
	Congressional Federal Credit Union CD 60147	P	N/A	12-02-10	\$1,001 - \$15,000
	Kraft Foods	P	N/A	03-16-10	\$1,001 - \$15,000
	Livonia Mich Mun Bldg	S	No	05-01-10	\$1,001 - \$15,000
	Michigan Fin Auth 12/01/25	P	N/A	11-12-10	\$1,001 - \$15,000
	Michigan St Hosp Fin Aut 11/15/25	P	N/A	05-13-10	\$1,001 - \$15,000
	Michigan St Hsg Dev Auth	S	Yes	10-01-10	\$1,001 - \$15,000
	Michigan St Univ 08/15/27	P	N/A	05-13-10	\$1,001 - \$15,000

# SCHEDULE IV - TRANSACTIONS

Name Gary C. Peters

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	UBS SEP: Bank of Amer Internotes 11/15/19	P	N/A	11-15-10	\$1,001 - \$15,000
	UBS SEP: Barclays Bk Plc NY Brnch 07/27/22	P	N/A	07-15-10	\$1,001 - \$15,000
	UBS SEP: Bony Corenotes 5.25% 12/16/19	S	No	12-15-10	\$1,001 - \$15,000
	UBS SEP: FFCB Bond 07/08/16	P	N/A	07-12-10	\$15,001 - \$50,000
	UBS SEP: FFCB Bond 3.35% 12/28/15	S	No	12-28-10	\$15,001 - \$50,000
	UBS SEP: FHLB Bond 2.35% 07/21/15	P	N/A	07-12-10	\$15,001 - \$50,000
	UBS SEP: Morgan Stanley NTS 11/09/18	P	N/A	11-09-10	\$1,001 - \$15,000
	UBS SEP: Morgan Stanley Step-Up	P	N/A	07-28-10	\$1,001 - \$15,000
	UBS SEP: Royal Bank of Scotland 11/15/17	P	N/A	11-15-10	\$1,001 - \$15,000
	UBS SEP: UBS AG Jersey 08/04/15	P	N/A	07-30-10	\$1,001 - \$15,000

# SCHEDULE V - LIABILITIES

Name Gary C. Peters

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Congressional Federal Credit Union		Auto Loan	\$15,001 - \$50,000

**HAND DELIVERED****UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT****FORM A**

Page 1 of 5 LEGISLATIVE RESOURCE CENTER

For use by Members, officers, and employees

2011 MAY 12 PM 1:45

Candice Sue Miller

202-225-2106

U.S. HOUSE OF REPRESENTATIVES

(Full Name)

(Daytime Telephone)

(Office Use Only)

**Filer  
Status**☒ Member of the U.S.  
House of Representatives

State: MI

District: 10

☐ Officer Or  
Employee

Employing Office:

**Report  
Type**☒ Annual (May 15)☐ Amendment☐ Termination

Termination Date:

**A \$200 penalty shall  
be assessed against  
anyone who files  
more than 30 days  
late.****PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<b>Trusts--</b>	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</b>	Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**SCHEDULE I - EARNED INCOME**

Name Candice Sue Miller

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of Michigan	Spouse Salary	N/A
State of Michigan	Spouse Pension	N/A
County of Macomb	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Candice Sue Miller

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting</p>		<p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	401k, State of MI: (see below)				
SP	SSGA Yield Enhanced STIF	\$50,001 - \$100,000	None	NONE	
SP	SSGA Bond Market Index	\$50,001 - \$100,000	None	NONE	
SP	SSGA Stable Value	\$100,001 - \$250,000	None	NONE	
SP	SSGA S&P Index	\$15,001 - \$50,000	None	NONE	
SP	Dodge & Cox Stock	\$15,001 - \$50,000	None	NONE	



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Candice Sue Miller

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SP	American Fund Europacific Growth	\$15,001 - \$50,000	None	NONE	
SP	IRA, USAA: (See Below)	None	Other: RMD	\$1,001 - \$2,500	
SP	Aim Charter A	\$15,001 - \$50,000	None	NONE	
SP	American Investment Co A	\$15,001 - \$50,000	None	NONE	
	457 County of Macomb; Legg Mason Large Growth A	\$1,001 - \$15,000	None	NONE	
	401k State of Michigan; (see Below)	None	None	NONE	
	SSgA Stable Value	\$15,001 - \$50,000	None	NONE	
	SSgA S&P 500 Index	\$15,001 - \$50,000	None	NONE	
	SSgA S&P Midcap Index	\$15,001 - \$50,000	None	NONE	
	Ranier Large Cap Growth	\$1 - \$1,000	None	NONE	
	Am Fund Euro Growth	\$15,001 - \$50,000	None	NONE	
	RidgeWorth Funds	\$1 - \$1,000	None	NONE	
JT	Huntington Bank Accounts	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
SP	DGM Trust (Cash Only)	\$15,001 - \$50,000	None	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Candice Sue Miller

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	CSM Trust (Cash Only)	\$15,001 - \$50,000	None	NONE	
JT	USAA Accounts	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Mellon Inv - Custodian MetLife	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	New York Life	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Lakeview Cemetery Ass'n	None	DIVIDENDS	\$1 - \$200	
	Real Estate Single Family Dwelling, Harrison Twp, MI 48045	\$100,001 - \$250,000	None	NONE	

UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A Page 1 of 10  
For use by Members, officers, and employees

**HAND DELIVERED**

THADDEUS GEORGE MCCOTTER

(Full Name)

202-225-8171

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 13 PM 12:03  
(Office Use Only)

*MC*

Filer Status

☒ Member of the U.S. House of Representatives

State: MI

District: 11

☐ Officer Or Employee

Employing Office:

U.S. HOUSE OF REPRESENTATIVES

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

Report Type

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b> Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b> Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**SCHEDULE I - EARNED INCOME**

Name THADDEUS GEORGE MCCOTTER

Page 2 of 10

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
ST. MARY'S MERCY HOSPITAL	SPOUSES SALARY	\$33,379.23

# HEDULE III - ASSETS AND "UNEARNED" INCOME

Name THADDEUS GEORGE MCCOTTER

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## BLOCK A

### Asset and/or Income Source

Identify (a) each asset held for investment or production of income with fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

## BLOCK B

### Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

## BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

## BLOCK D

### Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

## BLOCK E

### Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

	11 SHS DAIMLER AG	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Black Rck US Opps	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Columbia SmCap Val	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Columbia SmCapGrth	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Dreyfus LtdHghYld	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Federated Totl Rtrn	\$1 - \$1,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THADDEUS GEORGE MCCOTTER

Page 4 of 10

P	403b Not Previously Reported - Fidelity Low Price	\$1,001 - \$15,000	None	NONE	P
P	403b Not Previously Reported - Harbor Intl	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Loomis Value	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - TAP Instl Mid Value	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - TFLIC Guar Pool	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Vanguard Infl Prot	\$1 - \$1,000	None	NONE	
P	403b Not Previously Reported - Vanguard Inst Indx	\$1,001 - \$15,000	None	NONE	P
T	BANK OF AMERICA	\$1,001 - \$15,000	None	NONE	
OC	BANK OF AMERICA	\$1 - \$1,000	None	NONE	
OC	BANK OF AMERICA	\$15,001 - \$50,000	None	NONE	
OC	BANK OF AMERICA	\$1,001 - \$15,000	None	NONE	
IT	COLUMBIA MONEY MARKET FUND (FUND NAME CHANGE - FORMERLY "RVS - CASH MGT")	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name THADDEUS GEORGE MCCOTTER

Page 5 of 10

DC	ESA COLUMBIA MULTI- ADVISOR SMALL CAP VALUE (FUND NAME CHANGE - FORMERLY "RVS SMALL CAP") (EM)	\$15,001 - \$50,000	None	NONE	
DC	ESA COLUMBIA MULTI- ADVISOR SMALL CAP VALUE (FUND NAME CHANGE - FORMERLY "RVS SMALL CAP") (GM)	\$1,001 - \$15,000	None	NONE	S(part)
DC	ESA COLUMBIA MULTI- ADVISOR SMALL CAP VALUE (FUND NAME CHANGE - FORMERLY "RVS SMALL CAP") (TM)	\$15,001 - \$50,000	None	NONE	
	IRA RVS STRATEGIC SELECT PORTFOLIO - CENTURY S/CAP SELECT	\$15,001 - \$50,000	None	NONE	
	IRA RVS STRATEGIC SELECT PORTFOLIO - FIDELITY ADV NEW INSIGHTS	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	IRA RVS STRATEGIC SELECT PORTFOLIO - JOHN HANCOCK LG CAP EQUITY	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	IRA RVS STRATEGIC SELECT PORTFOLIO - OPPENHEIMER GLOBAL STRATEGIC INCOME (FUND NAME CHANGE - FORMERLY "OPPENHEIMER STRATEGIC INCOME")	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
	IRA RVS STRATEGIC SELECT PORTFOLIO - VK GROWTH AND INCOME	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name THADDEUS GEORGE MCCOTTER

Page 6 of 10

	ROTH COLUMBIA MID-CAP GROWTH OPPORTUNITY (FUND NAME CHANGE - FORMERLY "RVS MID CAP GROWTH")	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	ROTH COLUMBIA MULTI-ADVISOR INTL VALUE (FUND NAME CHANGE - FORMERLY "RVS PARTNERS INTL SELECT VALUE")	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	ROTH COLUMBIA PORTFOLIO BUILDER MODERATE	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
	ROTH COLUMBIA PORTFOLIO BUILDER MODERATE	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P
SP	RVS ROLLOVER Retirement Advisor 4 VA - SURRENDER VALUE	\$15,001 - \$50,000	None	NONE	
SP	RVS Variable Universal Life - FACE VALUE	\$100,001 - \$250,000	None	NONE	P
DC	UGMA Columbia Large Core Quantitative (Fund name change - formerly "RVS Disciplined Equity")	\$1,001 - \$15,000	None	NONE	
DC	UGMA Columbia Mid-Cap Growth Opp (Fund name change - formerly "RVS Mid Cap")	\$50,001 - \$100,000	None	NONE	
DC	UGMA Columbia Select Smaller-Cap Value (Fund name change - formerly - "Seligman Smaller Cap Value")	\$1,001 - \$15,000	None	NONE	



SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name THADDEUS GEORGE MCCOTTER

Page 7 of 10

IC	UGMA SELIGMAN GROWTH FUND	\$1,001 - \$15,000	None	NONE	
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# SCHEDULE IV - TRANSACTIONS

Name THADDEUS GEORGE MCCOTTER

Page 8 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented to you. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	403b Not Previously Reported - Fidelity Low Price	P	N/A	various bi-weekly payroll deferrals	\$1,001 - \$15,000
SP	403b Not Previously Reported - Vanguard Inst Indx	P	N/A	various bi-weekly payroll deferrals	\$1,001 - \$15,000
JT	COLUMBIA MONEY MARKET FUND (FUND NAME CHANGE - FORMERLY "RVS - CASH MGT")	P	N/A	MONTHLY CONTRIBUTIONS	\$1,001 - \$15,000
DC	ESA COLUMBIA MULTI-ADVISOR SMALL CAP VALUE (FUND NAME CHANGE - FORMERLY "RVS SMALL CAP") (GM)	S(part)	No	08/20/2010	\$1,001 - \$15,000
	IRA RVS STRATEGIC SELECT PORTFOLIO - OPPENHEIMER GLOBAL STRATEGIC INCOME (FUND NAME CHANGE - FORMERLY "OPPENHEIMER STRATEGIC INCOME")	P	N/A	VARIOUS - REINVESTMENT OF DIVIDENDS	\$1,001 - \$15,000
SP	ROTH COLUMBIA PORTFOLIO BUILDER MODERATE	P	N/A	03/09/2010	\$1,001 - \$15,000
	ROTH COLUMBIA PORTFOLIO BUILDER MODERATE	P	N/A	03/09/2010	\$1,001 - \$15,000
SP	RVS Variable Universal Life - FACE VALUE	P	N/A	MONTHLY PREMIUMS	\$1,001 - \$15,000

# SCHEDULE VIII - POSITIONS

Name THADDEUS GEORGE MCCOTTER

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Screaming Lemur Publishing Company, LLC. Rep. McCotter is the sole owner and President of the company whose sole purpose is to receive compensation from book sales. See section IX for additional details. No compensation was received in 2010.

# SCHEDULE IX - AGREEMENTS

Name THADDEUS GEORGE MCCOTTER

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
6/23/2009	Intercollegiate Studies Institute, Inc. (ISI), the publisher and Thaddeus McCotter	Congressman McCotter wrote a book of approximately 50,000 words in length for the publisher. In exchange, the Congressman is to receive compensation of 10% of all gross revenues paid to the publisher.
6/23/2009	ISI - continued	In 2010, no compensation was received under the agreement. After the contract expires, there are no agreements of future employment with ISI. There is no required leave of absence from government service to complete the book.
6/23/2009	ISI - continued.	Furthermore, there are no provisions to continue or defer any payments by ISI as all compensation is based on gross revenues from books sales. Finally, there is no continuing participation in any employee welfare or benefit plan by ISI or its affiliates.

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 7  
For use by Members, officers, and employees

**HAND DELIVERED**

Sander M. Levin  
(Full Name)

202-225-4961  
(Daytime Telephone)

2011 MAY 12 PM 5:49  
(Office Use Only)

**Filer Status**

☒ Member of the U.S. House of Representatives  
State: MI  
District: 12

☐ Officer Or Employee

Employing Office:

**Report Type**



Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p>I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p>VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p>II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p>VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p>III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p>VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p>V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts--</b></p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions--</b></p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Sander M. Levin

Page 2 of 7

<p><b>BLOCK A</b></p> <p><b>Asset and/or Income Source</b></p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p><b>BLOCK B</b></p> <p><b>Year-End Value of Asset</b></p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p><b>BLOCK C</b></p> <p><b>Type of Income</b></p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p><b>BLOCK D</b></p> <p><b>Amount of Income</b></p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p><b>BLOCK E</b></p> <p><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
<p>*Congressional Federal Credit Union</p> <p>*This includes funds in a money market account of Sander Levin from proceeds of the sale of the residence in Chevy Chase, MD owned jointly by Sander Levin and his late wife, Victoria Levin</p>	<p>\$100,001 - \$250,000</p>	<p>INTEREST</p>	<p>\$985.67</p>	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Sander M. Levin

Page 3 of 7

	*Wachovia Bank *Funds in a money market account of the Victoria S. Levin Legacy Trust from proceeds of the sale of residence in Chevy Chase, MD owned jointly by Sander Levin and his late wife, Victoria Levin.	\$250,001 - \$500,000	INTEREST	\$705	
	1/2 interest in 78 acres, Tyrone Township, Michigan	\$209,000	N/A	NONE	
	1/6 interest in 18 acres, Tyrone Township, Michigan	\$18,866	N/A	NONE	
	1/9 undivided interest in Levinson-Levin Properties, L.L.C., commercial real estate, West Maple, Birmingham, Michigan	\$83,642	RENT	\$5,001 - \$15,000	
	1/9 undivided interested in Levinson-Levin Properties, L.L.C., commercial real estate, West Maple, Birmingham, Michigan	\$159,664	RENT	\$5,001 - \$15,000	
	5.3% interest in LRS Co., a general partnership owning real estate in Romulus and Pontiac Townships, Michigan and accounts receivable	\$1,001 - \$15,000	N/A	N/A	
	5.3% interest in Michigan mineral rights previously held by LNS Co., a general partnership now liquidated (see attached)	\$15,001 - \$50,000	Royalties	\$5,001 - \$15,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Sander M. Levin

Page 4 of 7

	House, Lot 4, West Tisbury, Mass. (Subject to GMAC Mortgage)	\$1,051,500	RENT	\$27,875	
	IRRA: American Bond Fund of America CL C	\$25,708.71	DIVIDENDS	\$733.15	S(part)
	IRRA: American Capital Income Builder CL C	\$30,257.58	DIVIDENDS	\$992.32	S(part)
	IRRA: American Income Fund of America CL C	\$48,924.15	DIVIDENDS	\$1,848.59	S(part)
	Martha's Vineyard Cooperative Bank	\$3,562.85	INTEREST	\$2.15	



### **SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

#### **ATTACHMENT:**

5.3% interest in Michigan mineral rights previously held by LNS Co., a general partnership now liquidated: Muskegon Development Co., an assignee from previous lease - income - \$100; Breitburn Operating LP - income - \$1,328; Merit Energy Co -income - \$171; Linn Operating Inc. - income - \$890 and Highmount Exploration & Production LIC - income \$3,116. The year-end value of these interests are estimated herein based on latest available information and technical advice.

# SCHEDULE IV - TRANSACTIONS

Name Sander M. Levin

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	IRRA: American Bond Fund of America CL C	S(part)	No	11-17-2010	\$1,665.01
	IRRA: American Capital Income Builder CL C	S(part)	No	11-17-2010	\$1,665.02
	IRRA: American Income Fund of America CL C	S(part)	No	11-17-2010	\$1,665

**SCHEDULE V - LIABILITIES**

Name Sander M. Levin

Page 6 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	Bank of America Home Loans*	May 2009	Mortgage, West Tisbury, Mass.	\$250,001 - \$500,000
	E-Trade*	2006	Mortgage, West Tisbury, Mass.	\$100,001 - \$250,000
	GMAC Mortgage	December 2010	Mortgage, West Tisbury, Mass.	\$250,001 - \$500,000
	*These loans were paid off in 2010 in the refinancing with the mortgage now held by GMAC Mortgage, as indicated above			

## SCHEDULE VIII - POSITIONS

Name Sander M. Levin

Page 7 of 7

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LRS Company
Member	Levinson-Levin Properties, L. L. C.

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 7  
For use by Members, officers, and employees

**MAY 16 2011**

Hansen Hashim Clarke

(313) 962-7700

(Full Name)

(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 24 AM 11:10  
(Office Use Only)

*MC*

**Filer Status**

☒ Member of the U.S. House of Representatives

State: MI

District: 13

☐ Officer Or Employee

Employing Office:

**Report Type**

☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

**A \$200 penalty shall be assessed against anyone who files more than 30 days late.**

**PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS**

<p><b>I.</b> Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule I.</p>	<p><b>VI.</b> Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VI.</p>
<p><b>II.</b> Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule II.</p>	<p><b>VII.</b> Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule VII.</p>
<p><b>III.</b> Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule III.</p>	<p><b>VIII.</b> Did you hold any reportable positions on or before the date of filing in the current calendar year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule VIII.</p>
<p><b>IV.</b> Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule IV.</p>	<p><b>IX.</b> Did you have any reportable agreement or arrangement with an outside entity? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete and attach Schedule IX.</p>
<p><b>V.</b> Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, complete and attach Schedule V.</p>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS**

<p><b>Trusts-</b></p>	<p>Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>Exemptions-</b></p>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

**SCHEDULE I - EARNED INCOME**

Name Hansen Hashim Clarke

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
State of Michigan	Legislative Salary	\$79,007
University of Michigan	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Hansen Hashim Clarke

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## BLOCK A

### Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.

For rental or other real property held for investment, provide a complete address.

For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or

## BLOCK B

### Year-End Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."

## BLOCK C

### Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

## BLOCK D

### Amount of Income

For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

## BLOCK E

### Transaction

Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

JT	Lake Trust Credit Union - Checking/Savings Account	\$15,001 - \$50,000	INTEREST	\$201 - \$1,000	
	Tax Deferred - Prudential Guaranteed Investment Fund	\$50,001 - \$100,000	None	NONE	
	Tax Deferred - American Funds Balanced Fund	\$1,001 - \$15,000	None	NONE	
	Tax Deferred - Davis NY Venture Fund	\$15,001 - \$50,000	None	NONE	
SP	Tax Deferred - TIAA Traditional Annuity	\$15,001 - \$50,000	None	NONE	
SP	Tax Deferred - CREF Composite Index Fund	\$15,001 - \$50,000	None	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hansen Hashim Clarke

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SP	Tex Deferred - TIAA Real Estate Account	\$1,001 - \$15,000	None	NONE	
	Michigan Legislative Retirement System (Defined Benefit Plan-not self directed - currently age ineligible - value shown = vested amount)	\$1,001 - \$15,000	None	NONE	
	Michigam Legislative Retirement System - Whole Life Insurance Policy	\$50,001 - \$100,000	None	NONE	



# SCHEDULE VIII - POSITIONS

Name Hansen Hashim Clarke

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director - Uncompensated	Detroit Community Partners
Director - Uncompensated	Thelma Clarke Opportunity Program

**SCHEDULE IX - AGREEMENTS**

Name Hansen Hashim Clarke

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
December 2010	Michigan Legislative Retirement System	Health Insurance Coverage
December 2010	Michigan Legislative Retirement System	Upon attaining appropriate retirement age, pension annuity for service in state legislature.

## FOOTNOTES

Name Hansen Hashim Clarke

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Preliminary Questions	New Member sworn in 2011 - Questions VI and VII not required.	

**UNITED STATES HOUSE OF REPRESENTATIVES**  
**CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A** Page 1 of 14  
For use by Members, officers, and employees

**HAND DELIVERED**

Hon. John D. Dingell  
(Full Name)

202-225-4071  
(Daytime Telephone)

LEGISLATIVE RESOURCE CENTER

2011 MAY 16 PM 4:06  
(Office Use Only)

*MC*

**Filer Status**

☒ Member of the U.S. House of Representatives  
State: MI  
District: 15

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Employing Office:

U.S. HOUSE OF REPRESENTATIVES

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**Report Type**

☒ Annual (May 15)

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<p>IV. Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  If yes, complete and attach Schedule IV.</p>	<p>IX. Did you have any reportable agreement or arrangement with an outside entity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  If yes, complete and attach Schedule IX.</p>
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<b>Exemptions--</b>	<p>Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>

## SCHEDULE I - EARNED INCOME

Name Hon. John D. Dingell

Page 2 of 14

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

Source	Type	Amount
D2 Strategies	Spouse Salary	N/A
GM Salaried Retirement Program (Fidelity Investments)	Spouse	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Hon. John D. Dingell

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<p><b>BLOCK A</b></p> <p><b>Asset and/or Income Source</b></p> <p>Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publically traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or</p>	<p><b>BLOCK B</b></p> <p><b>Year-End Value of Asset</b></p> <p>at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."</p>	<p><b>BLOCK C</b></p> <p><b>Type of Income</b></p> <p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p><b>BLOCK D</b></p> <p><b>Amount of Income</b></p> <p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p><b>BLOCK E</b></p> <p><b>Transaction</b></p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
ACAP Strategic Fund Shares	\$15,001 - \$50,000	None	NONE	P
Bank of America Corp.	None	DIVIDENDS	\$1 - \$200	S
SP Bank of America Corp.	None	DIVIDENDS	\$1 - \$200	S
BCE INC-CAD	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	P
SP Becton Dickinson & Co	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
SP Bernstein Diversity VAL (401k)	\$15,001 - \$50,000	None	NONE	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hon. John D. Dingell

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SP	Blackstone/GSO SR Floating Rate Term FD	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	P
JT	Brandywine Fund	\$15,001 - \$50,000	None	NONE	
SP	Citibank Bank Deposit Program	\$1 - \$1,000	INTEREST	\$1 - \$200	
	Citibank Bank Deposit Program	\$1 - \$1,000	INTEREST	\$1 - \$200	
JT	Citibank Bank Deposit Program	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	Citigroup CAP XII TRUPS	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
	Coca Cola	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	Cohen & Steers Infrastructure Fund, Inc.	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	P
	Columbia Acorn Fund	\$100,001 - \$250,000	DIVIDENDS/CAPITAL GAINS	\$2,501 - \$5,000	
SP	Columbus Ohio CSD SCH FACS CONSTR & IMPT FSA U/T	\$15,001 - \$50,000	CAPITAL GAINS	\$1,001 - \$2,500	
SP	Comcast Corp. CL A-SPL	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Congressional Federal Credit Union	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
SP	ConocoPhillips	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	CVS Caremark Corp.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hon. John D. Dingell

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JT	Davis New York Venture Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Davis New York Venture Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Davis New York Venture Fund CL A	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	P
SP	DirectTV Group Inc.	None	CAPITAL GAINS	\$15,001 - \$50,000	S
JT	Dodge & Cox International Stock Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Dodge & Cox Stock Fund	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	E I Du Pont De Nemours & Co.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	Eaton Vance Michigan Municipal Income Trust SBI	\$1,001 - \$15,000	INTEREST	\$1,001 - \$2,500	
	Energy Transfer Partners LP	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
	Enterprise Prods Partners LP	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	P
SP	Enterprise Prods Partners LP	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	Exelon Corp.	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
JT	Fairfax CNTY VA INDL DEV AUTH REV RFDG Health Care- Inova (formerly Industrial DEV AUTH Fairfax HLGH CO VA HLTH )	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	



**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hon. John D. Dingell

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SP	FID Diversified Intl. (401k)	\$50,001 - \$100,000	DIVIDENDS	\$1,001 - \$2,500	
SP	FID Growth Company (401k)	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Gabelli Asset Fund	\$15,001 - \$50,000	DIVIDENDS/CAPIT TAL GAINS	\$201 - \$1,000	
	General Electric Co.	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	General Electric Co.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Genesee CNTY MICH RFDG- SEN	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	
	Heartland Value Fund Inc.	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
JT	Income Fund of America	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	IRA: Citibank Bank Deposit Program	\$1 - \$1,000	INTEREST	\$1 - \$200	
SP	IRA: Davis New York Venture Fund Class A	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	IRA: Dodge & Cox International Stock Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	IRA: Dodge & Cox Stock Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
SP	IRA: Enterprise Prods Partners LP	\$1,001 - \$15,000	None	NONE	P
SP	IRA: Ivy Asset Strategy Fund	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hon. John D. Dingell

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SP	IRA: Legg Mason Value Trust	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	IRA: Nicholas Fund	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	IRA: Wells Fargo Advantage Asset Allocation FD CL C (formerly Evergreen Asset Allocation Fund Class C)	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	IRA: Davis New York Venture Fund Class A	\$50,001 - \$100,000	DIVIDENDS	\$201 - \$1,000	
SP	IRA: Fidelity Reserves	\$50,001 - \$100,000	INTEREST	\$1 - \$200	
	IRA: Mutual Quest FD Class Z (formerly Mutual Shares Fund Class Z)	\$1 - \$1,000	DIVIDENDS	\$1 - \$200	
JT	Ivy Asset Strategy Fund	\$15,001 - \$50,000	None	NONE	
	Ivy Asset Strategy Fund	\$15,001 - \$50,000	None	NONE	
SP	Ivy Asset Strategy Fund	\$15,001 - \$50,000	None	NONE	
	Johnson & Johnson	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Kimberly Clark Corp.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
SP	Kraft Foods Inc.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Legg Mason Value Trust	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hon. John D. Dingell

Page 8 of 14

JT	Legg Mason Western Asset Intermediate-Term Municipals Fund Class C	\$15,001 - \$50,000	DIVIDENDS/INTE REST	\$1,001 - \$2,500	
JT	Livonia MICH MUN BLDG AUTH RFDG MBIA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Marsh & McLennan COS Inc.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
	Merck & Co.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Metropolitan Wash DC ARPTS AUT ARPT SYS REV SER C	\$1,001 - \$15,000	INTEREST	\$1 - \$200	P
JT	Michigan St. Trunk Line RFDG	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	Microsoft Corp.	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	P
JT	Mutual Beacon Fund	None	None	NONE	S
SP	Mutual Global Discovery Fund Class A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Mutual Quest Fund - Class Z	\$50,001 - \$100,000	DIVIDENDS/CAPIT AL GAINS	\$5,001 - \$15,000	S(part)
JT	Mutual Quest Fund - Class Z	\$100,001 - \$250,000	DIVIDENDS/CAPIT AL GAINS	\$5,001 - \$15,000	S(part)
	Mutual SER FD INC - Beacon Fund CL Z	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	S(part)
	Mutual SER FD INC SHS Fund	None	DIVIDENDS	\$1 - \$200	S
JT	Novartis AG ADR	\$1,001 - \$15,000	None	NONE	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hon. John D. Dingell

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JT	Nuveen Virginia Premium Income	\$1,001 - \$15,000	INTEREST	\$201 - \$1,000	P
SP	Oppenheimer Global Fund	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1 - \$200	
	Oppenheimer Global Fund	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$201 - \$1,000	
SP	PIMCO All Asset Fund CLC	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Praxair Inc.	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
SP	Procter & Gamble Co.	\$15,001 - \$50,000	DIVIDENDS	\$1,001 - \$2,500	
SP	Promark Income Fund (401k)	\$250,001 - \$500,000	None	NONE	
SP	Spring Lake MICH PUB SCHS	\$15,001 - \$50,000	INTEREST/CAPITAL GAINS	\$1,001 - \$2,500	
JT	Spring Lake MICH PUB SCHS	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	SSGALG CAP Index (401k)	\$15,001 - \$50,000	None	NONE	
	Stryker Corp.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Stryker Corp.	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Thornburg INVT Tr International Value Fund CL C	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Unilever	\$1,001 - \$15,000	None	NONE	P

**SCHEDULE III - ASSETS AND "UNEARNED" INCOME**

Name Hon. John D. Dingell

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SP	Unilver	\$15,001 - \$50,000	None	NONE	P
JT	Units VK. Global Equity Dividend Portfolio, Series I	\$15,001 - \$50,000	DIVIDENDS/CAPIT TAL GAINS	\$1,001 - \$2,500	P
SP	Verizon Communications	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	P
JT	Wachovia Bank (Wells Fargo)	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
SP	Wal-Mart Stores Inc.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Wells Fargo & Co. New	None	DIVIDENDS/CAPIT TAL GAINS	\$201 - \$1,000	S
	Wells Fargo Advantage Asset Allocation FD CL C (formerly Evergreen Asset Allocation Fund)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Wells Fargo Advantage Asset Allocation FD CI C (formerly Evergreen Asset Allocation Fund)	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	Western Asset Managed MUNS FD Inc.	\$15,001 - \$50,000	DIVIDENDS/INTE RST	\$1 - \$200	P
SP	Williams Cos Inc.	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
JT	Wyoming MICH PUB SCHS RFDG	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	

# SCHEDULE IV - TRANSACTIONS

Name Hon. John D. Dingell

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	ACAP Strategic Fund Shares	P	N/A	11-30-2010	\$15,001 - \$50,000
SP	Bank of America	S	No	12-08-2010	\$1,001 - \$15,000
	Bank of America	S	No	03-08-2010	\$1,001 - \$15,000
	BCE INC-CAD	P	N/A	03-08-2010	\$1,001 - \$15,000
SP	Becton Dickinson & Co.	P	N/A	06-25-2010	\$1,001 - \$15,000
SP	Blackstone/GSO SR Floating Rate Term FD	P	N/A	12-15-2010	\$15,001 - \$50,000
SP	Citigroup CAP XII TRUPS	P	N/A	12-14-2010	\$1,001 - \$15,000
JT	Cohen & Steers Infrastructure Fund, Inc.	P	N/A	05-12-2010	\$1,001 - \$15,000
	Davis New York Venture Fund CL A	P	N/A	05-07-2010	\$1,001 - \$15,000
SP	DirectTV CL A	S	Yes	03-19-2010	\$15,001 - \$50,000
SP	Enterprise Prods Partners LP	P	N/A	12-14-2010	\$1,001 - \$15,000

# SCHEDULE IV - TRANSACTIONS

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SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
SP	Enterprise Prods Partners LP	P	N/A	05-12-2010	\$1,001 - \$15,000
SP	Enterprise Prods Partners LP	P	N/A	11-16-2010	\$1,001 - \$15,000
	Enterprise Prods Partners LP	P	N/A	12-14-2010	\$1,001 - \$15,000
SP	IRA: Enterprise Prods Partners LP	P	N/A	12-01-2010	\$1,001 - \$15,000
SP	Kimberly Clark Corp.	P	N/A	03-19-2010	\$15,001 - \$50,000
SP	Metropolitan Wash DC ARPTS AUT ARPT SYS REV SER C	P	N/A	12-13-2010	\$15,001 - \$50,000
SP	Microsoft Corp.	P	N/A	12-14-2010	\$1,001 - \$15,000
SP	Microsoft Corp.	P	N/A	06-28-2010	\$1,001 - \$15,000
JT	Mutual Beacon Fund	S	No	02-16-2010	\$15,001 - \$50,000
	Mutual Quest FD Class Z	S(part)	Yes	11-10-2010	\$15,001 - \$50,000
JT	Mutual Quest FD Class Z	S(part)	Yes	11-16-2010	\$1,001 - \$15,000

# SCHEDULE IV - TRANSACTIONS

Name Hon. John D. Dingell

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Mutual SER FD INC - Beacon FD CL Z	S(part)	No	11-10-2010	\$15,001 - \$50,000
	Mutual SER FD INC SH S FD	S	No	11-10-2010	\$1,001 - \$15,000
JT	Novartis AG ADR	P	N/A	11-16-2010	\$1,001 - \$15,000
JT	Nuveen Virginia Premium Income	P	N/A	1-21-2010	\$1,001 - \$15,000
	Unilever	P	N/A	12-16-2010	\$1,001 - \$15,000
SP	Unilever	P	N/A	12-14-2010	\$15,001 - \$50,000
JT	Units VK. Global Equity Dividend Portfolio, Series I	P	N/A	01-20-2010	\$15,001 - \$50,000
SP	Verizon Communications	P	N/A	12-14-2010	\$1,001 - \$15,000
SP	Wells Fargo & Co. NEW	S	Yes	06-25-2010	\$1,001 - \$15,000
SP	Western Asset Managed MUNS FD Inc.	P	N/A	12-20-2010	\$15,001 - \$50,000



## SCHEDULE VIII - POSITIONS

Name Hon. John D. Dingell

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Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or any business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Trustees	Nature Conservancy